

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013468
STATE FILE NUMBERDO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1044

FILED APR 6 1962

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		c. CITY OR TOWN Shrewsbury	
Length of stay in 1b 9 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital - 1300 Grant Rd		d. STREET ADDRESS (If outside, give location) 7809 Weil	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EDNA First FREDERICH Middle Last		4. DATE OF DEATH Month 3 Day 30 Year 62	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-17-1899
9. AGE (last birthday) 63		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY House Work	
11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Guth		13b. MOTHER'S MAIDEN NAME Amelia Knirch	
14. NAME OF HUSBAND OR WIFE Edward J Frederich		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes No or unknown) (If yes, give No or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Edward J Frederich 7809 Weil 17	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary embolism		INTERVAL BETWEEN ONSET AND DEATH 2 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized atherosclerosis		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) manic-depressive manic		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from 3-20-62 to 3-30-62 and last saw her alive on 3-29-62
Death occurred at 10:15 AM 3-30-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frederich (Degree or title)	22b. ADDRESS 1300 Grant Rd. St. Louis 19. Mo.	22c. DATE SIGNED 3-31-62
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL	23b. DATE 4-2-1962	23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
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24. FUNERAL DIRECTOR WINGBERMUEHLE	ADDRESS 3819 SO Grand Blvd.	25. DATE RECD. BY LOCAL REG. 3-31-62	26. REGISTRAR'S SIGNATURE [Signature]
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 4007

2 4040

3 2

4 1

5 1

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7 0

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9 4201

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12 40-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George J. Mykbermmelle

Licensed Embalmer No. 4611

P.O. Address St Louis 18 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.